

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028108

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

374  
FILED JUL 23 1962

Primary Registration District No.

3052

Registrar's No.

263

VS 300  
Rev. 4/59

b808

2808

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Sedalia

Length of stay in 1b

21 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1617 West 9th

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pettis

c. CITY

OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1617 West 9th

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

HARLEY

Middle

P.

Last

VAUGHAN

4. DATE

OF DEATH

July

Month

13

Day

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-27-1890

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

cashier

## 10b. KIND OF BUSINESS OR INDUSTRY

retired

## 11. BIRTHPLACE (City and state or country)

Overton Mo

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

James Vaughan

## 13b. MOTHER'S MAIDEN NAME

Martha Powell

## 14. NAME OF HUSBAND OR WIFE

Eula Hanna Vaughan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes WW II

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs Harley Vaughan

## Address

1617 W-9

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Arrest

Interval Between Onset and Death

5 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary Thrombosis

## DUE TO (c)

Auricular Flutter

5 days

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from about 1941 to July 13/1962 and last saw him alive on July 13/1962. Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

G. L. Walter

(Degree or title)

M.D.

## 22b. ADDRESS

Sedalia Mo

## 22c. DATE SIGNED

7-15-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 16 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove

## 23d. LOCATION (City, town, or county)

Boonville

## (State)

Mo

## 24. FUNERAL DIRECTOR

McLaughlin Bros

## ADDRESS

Sedalia

## 25. DATE RECD. BY LOCAL REG.

July 16, 1962

## 26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 24 1962

AUG 3 1962

MAR 13 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*K. P. McLeary*

Licensed Embalmer No.

*13153*

P. O. Address

*Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.